



*City of Gaithersburg  
Police Department*

**CITIZEN POLICE ACADEMY REGISTRATION**

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ WORK #: (\_\_\_\_) \_\_\_\_\_

CELL #: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

- The Gaithersburg Police Department complies with all applicable provisions of the Americans with Disabilities Act. Please advise whether you will need reasonable accommodation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By signing this registration form, I fully understand that if I am accepted into the training program, the training will not and does not entitle me to take any police actions. I also understand that at all times during the training I am a private citizen and not an employee of the Gaithersburg Police Department. I further understand that this training will be provided free of charge to me and that I will not be monetarily compensated for my attendance. I also understand that in order to participate in this program I freely give consent for representatives of the Gaithersburg Police Department to check for any criminal records that may be on file under my name and date of birth. I also understand that in order to graduate from the program, I must participate in group projects and have overall good attendance.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature (if participant is a minor): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_